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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7801 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/04/2011 |
| NAME OF PROVIDER OR SUPPLIER FORT SANDERS SEVIER NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 709 MIDDLE CREEK RD SEVIERVILLE, TN 37862 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| N1411 | <p>1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Search team, searching the premises.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure a bomb threat drill was exercised annually. The findings include: Interview and record review with the Administrator on October 4, 2011 at 9:15 a.m. confirmed the facility failed to perform bomb threat drills annually. There was no documentation to indicate a bomb threat drills or in-service training was conducted after August 18, 2010.</p> | N1411 | <p>Code Black Bomb Threat Drill was scheduled to take place on 11/07/11. Dates have been set to comply with disaster preparedness for 2012 by completing code blk by 2nd quarter.</p> <p>Revise disaster drill policy to include drills held within a 12-month period of previous drill completed.</p> <p>Monthly rounding completed to assure policies and standards are being met.</p> | 11/07/11 | |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6499

RIQE21

If continuation sheet 1 of 1